

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036412

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318
1003
9379
FILED OCT 1 1962

VS 300
Rev. 4/59

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2808/68

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis		c. CITY OR TOWN Sedalia,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.		d. STREET ADDRESS (If outside, give location) Roural R- #2	
3. NAME OF DECEASED (Type or print) First Leo Thomas Middle Leiter Last 		4. DATE OF DEATH Month Sept Day 30 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilermaker		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Sedalia, Mo.
13a. FATHER'S NAME Charles E. Leiter		13b. MOTHER'S MAIDEN NAME Ada Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		17. INFORMANT Mrs. Mildred Leiter	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung		INTERVAL BETWEEN ONSET AND DEATH 163x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sedalia, Mo.		
21. I attended the deceased from Aug 20, 1962 to Sept 30-62 and last saw him alive on 28 Sept-1962		22. ADDRESS 1755 So Grand Blvd	
22a. SIGNATURE Benjamin H. H. L. O.		22c. DATE SIGNED 10 Oct. 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-2-1962	23c. NAME OF CEMETERY OR CREMATORY Highland Memorial Gardens	
24. FUNERAL DIRECTOR Gillespie Funeral Home		25. DATE RECD. BY LOCAL REG. OCT 1 1962	
ADDRESS Sedalia, Mo.		26. REGISTRAR'S SIGNATURE Head Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Farnum

Licensed Embalmer No. 5173

P. O. Address Belleville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.